Substance Abuse and Mental Health Services Administration
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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Disclaimer

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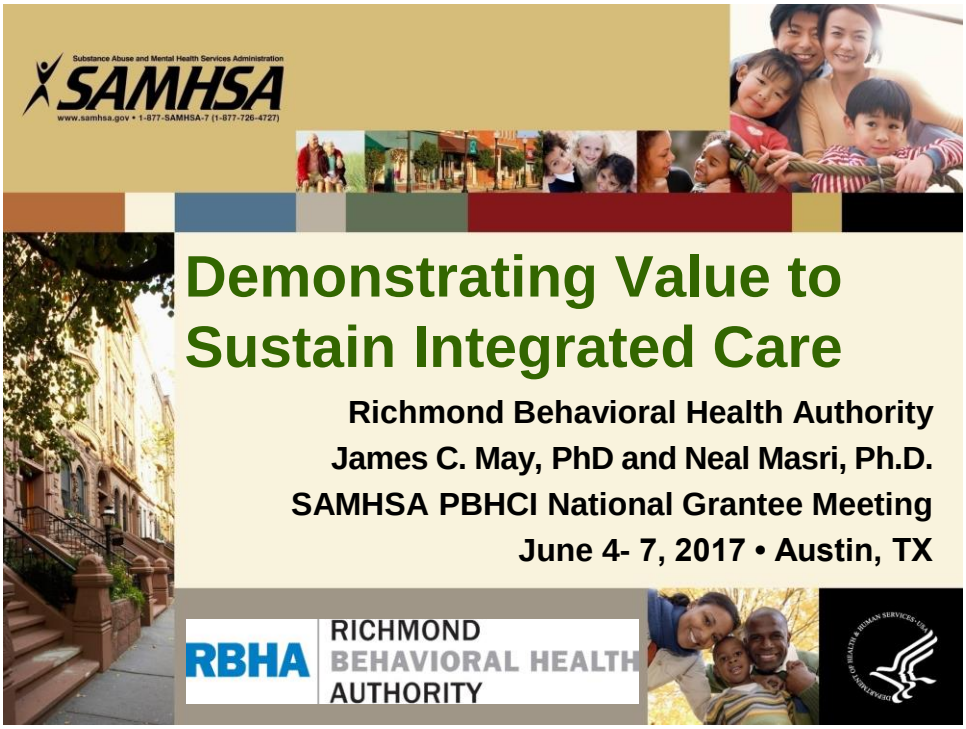

About Richmond Behavioral Health Authority (RBHA)

- Local authority that provides Mental Health, Developmental Services, Substance Use Disorder, Emergency, and Prevention Services for the City of Richmond, Virginia
- Served approximately 5% (+12,000) of the City's population last year
- We are known in the community and the state historically as an agency that only delivers behavioral health services

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The Recent Health Care Environment in Virginia

- Virginia is a non-Medicaid Expansion state
- Virginia has defaulted into the healthcare.gov exchange rather than creating its own
- Policy makers in VA have been developing a managed care model for indigent care
- Resources vary wildly between rural and urban areas
- State recently implemented the Medicaid ARTS (Addiction & Recovery Treatment Services) initiative to address problems with our fragmented system that impact the opioid epidemic among other issues

Stepwise Path to RICH Recovery at RBHA

- *Primary Care Clinic began as a small, state grant-funded, 1-day per week clinic serving about 80 of our adult MH population; later expanded to two half-days per week;*
- *Model involved contracting with an outside FQHC to deliver primary medical services (6 hrs. of one NP), on-site at RBHA, using their EHR;*
- *July 2013*: ***RBHA awarded $1.6 million, 4-year grant from SAMHSA***
  - Designed to **expand** RBHA's on-site **primary medical care clinic for persons with behavioral health disorders**
  - Became a full-time clinic staffed by RBHA physicians, nurse practitioners, nurses, care coordinator and peers

Payer & Payer-Related Challenges

- Internal challenges:
- RBHA's EHR not designed/ready to execute primary medical billing; many changes required;
- Needed multiple staff to become credentialed with multiple payers, for new, RBHA Primary Medical services;
- No organizational experience with primary medical services billing or coding;
- There still is funding stream to bill/pay for services for medically indigent people who have neither health insurance nor other means to pay for services.

Jack is a patient of the RICH Clinic. He has congestive heart failure and was non-compliant with previous medical appointments. Since coming consistently to the clinic, his CHF is under control. His RBHA Case Manager has provided transportation to his clinic and cardiology appointments.

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Payer & Payer-Related Challenges

External challenges:

- Payers didn't know RBHA as a primary care service provider
- Needed to expand perception of RBHA as a *behavioral health services* provider to include RBHA as an integrated care service provider that provides primary and behavioral health care
- With no prior history, we were challenged to demonstrate improved outcomes, particularly with an EHR that was originally designed only for behavioral health services
- Large percentage (around 40%) of RBHA adult MH population is uninsured (i.e., has no payer); this remains the largest challenge to long-term sustainability planning

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Lessons Learned

- Make sure your EHR can actually record services, bill for services, and be coded independently from whatever other services are being provided and coded, in a way that Medicaid and private payers will reimburse you
- Make sure you can demonstrate outcomes and cost savings
- Hire staff that care and are motivated to launch a new and exciting services line!

Larcenia says, "I was scared at first, however, after a short amount of time the staff helped me feel very comfortable. Thank you, Nurse Pam!

"The RICH Clinic was where I confirmed my pregnancy," says Ms. N.

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Sustainability I: Build Local Partnerships

- A local hospital system has contacted us regarding care for their high intensity cases (frequent flyer list)
  - People with frequent hospitalizations
  - People with numerous chronic conditions
  - People with SMI and physical health issues
- We are piloting a capitated pilot program with 10 of the most difficult individuals to make RBHA their health home;
- The model is based on the likelihood that we can effectively lower costs and improve care for these individuals – the triple aim of health care reform

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Sustainability II: Participate in Your State's Innovation Pilots and Projects

- One of Virginia's statewide effort embraced the tenets of integrated care for dual-eligible persons (Medicare/Medicaid):
  - Assists consumers with getting to appropriate medical appts
  - Encourages more communication with physicians
  - Aims to avoid unnecessary use of high cost
  - Reduction in high-risk behaviors
  - Reduction in baseline indicators for chronic conditions
  - Providing disease management education
- RBHA has made sure to be out front on this effort and be a champion for change at the state level

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Sustainability III: Engage in Active Payer Outreach & Systemic Change

- Understand that shifting from fee-for-service to a population health approach is a culture change and a mindset;
- Advocate for our/your agency as an integrated care one-stop shop, and not behavioral health alone;
- Corral individual payers for **site visits** so they can see how much our program can accomplish (we built it and they came!); have a consumer who is ready to speak;
- Advocate for changes that make sense in this new world (i.e., payment for same-day appointments for both behavioral and primary health; incentives for achieving cost savings);
- Be sure that your staff is engaged, at all levels, with state and federal administrators, if possible.

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Sustainability Examples: Virginia's Payer Outreach & Systemic Change I (a)

Enhanced Care Coordination –

Clients with SMI and co-occurring physical health conditions that require a higher level of case management to address physical health conditions

(enhanced payments)

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Sustainability Examples: Virginia's Payer Outreach & Systemic Change I (b)

- ***Enhanced Care Coordination –*** clients with SMI and co-occurring physical health conditions that require a higher level of case management to address physical health conditions.
  - Payer A – Dual eligible
  - Payer B – Dual eligible
  - Payer C – Dual eligible
  - Payer D – Medicaid only

"They make sure you have everything you need before you go. Everyone is real nice. The staff is very nice and they listen to you." - James

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Sustainability Examples: Virginia's Payer Outreach & Systemic Change I (c)

Payer A Incentive Program aiming to measure efficiency and quality indicators based on claims data for members receiving services from RBHA. Indicators include:

- ER utilization
- Inpatient 30-day readmission rates,
- 7-day follow up visits post psychiatric inpatient discharge,
- Follow up care for children prescribed ADHD meds in initiation phase,
- Adherence to antidepressant medication
- Diabetic screenings.
- ***There is a financial incentive for meeting targets***

Sustainability Examples: Virginia's Payer Outreach & Systemic Change II

Bridge Program –

RBHA and non-RBHA inpatient clients who are seen at discharge from hospitals, by RBHA staff, for review of discharge plan, assessment, and warm hand-off to service providers

Sustainability Takeaways

- This is a challenge with *multiple* solutions, not one
- Our experience has been that being data-driven and able to demonstrate success (i.e., health outcomes, cost savings, reduced hospitalizations) is key to getting buy-in from payers at any level
- Being without Medicaid expansion is a hurdle, but not a roadblock
- Make your case to payers early, often, and **repeatedly**
- If there is going to be systemic changes, you must advocate to make this happen.

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Contact Us!

Richmond Behavioral Health Authority

www.rbha.org

Contact Information: Masrin@rbha.org & Robert.Siegmann@centerstone.org

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Is our focus to prepare for value based care or to also advocate for and market VBC?

1. Innovation by generating numerous options for integrated health projects… FFS or value based.
2. FFS to value based pricing for embedding therapists in medical clinics.
3. Health Coaching with a mixed $ model of value based for Medicaid, FFS for CMHC.
4. Aligning with MCOs & Medicare for value.
5. Selling a proven value based model for reducing ER visits/hospitalizations with high cost Medicaid patients.

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The Other Side of Innovation: Solving the Execution Challenge

- By Vijay Govindarajan
- Organizations consist of production/service engines and innovation engines
- The production engine pays the bills and funds the innovation engine. The innovation engine prepares the organization for tomorrow
- There is a natural conflict between the two engines.
- Developing a great innovation does not mean that the innovation will sell internally or externally.
- In behavioral health we have the dual challenges of moving CMHCs to integration and value based care.

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If you had to choose…

How does a CMHC deal with an external environment that is changing dramatically with little certainty on when and how changes will occur and what will be funded?

1. *Wait until substantial funding is available?*
2. *Do a few things exceeding well?*
3. *Work on many small projects:*

   1:to see what works

   2:to shift organizational mindset and

   3:to see what is funded and/or what sells

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Project seedbed: BeWell,1st PBHCI Grant

- Average age: 47 (range 20-75)
- Primary Diagnoses: 42% psychotic d/o, 41.4% mood/anxiety d/o, 5.9% substance, 10.7% (other BPD)
- 93 demonstrated clinic need for weight loss at baseline
- 63 (68% lost weight at 6 months)
- Average loss 6.88 lbs, greatest loss 77 lbs
  - 30.6% had at least 5%
  - 9.2% at least 10% loss since baseline
- .5% reduction in HbA1c (diabetic to pre-diabetic)
- 52% used cigarettes with average reduction in 5.2 cigarettes, 15.8% quit
- A seedbed for all of our other integration projects

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Embedding Therapists

- Several therapists attended Alexander Blount U Mass training on how to function in primary care offices
- Original plan was for the CMHC to do fee-for-service billing in several medical clinics.
- Placements failed due to insufficient referrals or therapists being so busy they had limited availability
- Value basis of embedded therapists:
  a. *to integrate behavioral health into the primary care team*
  b. *to handle urgent situations and allow MD to move on to waiting patients.*

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Embedding Therapists

- Shift to value based pricing
- Clinics pay CMHC equivalent amount to revenue therapist would generate, then utilize therapist as they please and take care of any billing.
- Therapists now embedded at:
  - *Indiana Health Centers FQHC in Seymour*
  - *Open Door FQHC in Muncie*
  - *Wayne Co. Health Center FQHC in Richmond*
  - *Rush Memorial Hospital in Rushville*
  - *Cummins Engine Company LiveWell Health Center in Columbus*

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Goals of Centerstone Health Coaching

Have fun!

Connect patients to and collaborate with primary care, specialty care, and other care delivery systems.

Coach clients to promote understanding of disease states and how to self-manage symptoms.

Reduce the impact of key illnesses that result in shortened life expectancy and decreased quality of life.

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Coaching To Wellness

- Help patients get the care they need when they need it
  - *Transport and accompany clients to a medical doctor for check-ups and other care*
  - *Coordinate clients' access to medical services and communication between medical providers*
- Teach the importance of physical activity
  - *Think gentle and ability-level appropriate*
- Highlight the relevance of dietary choices
- Educate on the benefits of improved health through abstaining from tobacco use, good sleep hygiene, etc.
- Coach clients to make positive health behavior changes

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Health Coaching: Mixed $ Model

Successes:

- Have expanded health coaching to 14 of 18 counties.
- Have 30+ active health coaches often attached to a nurse.
- Track key performance indicators to highlight improvements.

Financial Model:

- State Medicaid & MCOs allow CMHC to bill for health coaching with documentation tying back to mental illness.
- They realize that their high costs are with physical health.
- Value based for DMHA/Medicaid, but FFS for CMHC.

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Aligning with MCOs & Medicare

MCOs:

- Two of our four MCO's pay incentives for CMHCs to meet HEDIS and other health measures such as reduced ER usage, increased PCP visits, diabetic HbA1c screenings, etc.
- Have also done a series of small pilots.

Medicare:

PQRS has focused our psychiatric staff on physical health measures such as high BP, obesity, reducing tobacco usage

"MIPS" Merit-based Incentive Payment System leads us into value based care through increased rates for meeting goals which are largely physical health related.

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Our Indiana Coaction Approach

- **We trained 5 BA level health coaches and 1 nurse using some of best coaching models.**
- **To work with 65 patients with:**
  1. *co-morbid BH & PH conditions*
  2. *history of high ER use and/or hospitalizations*
  3. *history of limited outpatient medical treatment*
- **Patients were given Fit-bits and I-phones equipped with health & wellness software & "health bucks."**
  About 50% grant/foundation support.

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coactionHealth *Pilot Results Indiana & Tennessee*

- **3 month** intensive program
- **61% reduction** in hospitalization days
- **32% reduction** in ER visits
- **100% engagement** in self care
- **$577,941 in estimated savings** for reduced ER visits and hospital admissions

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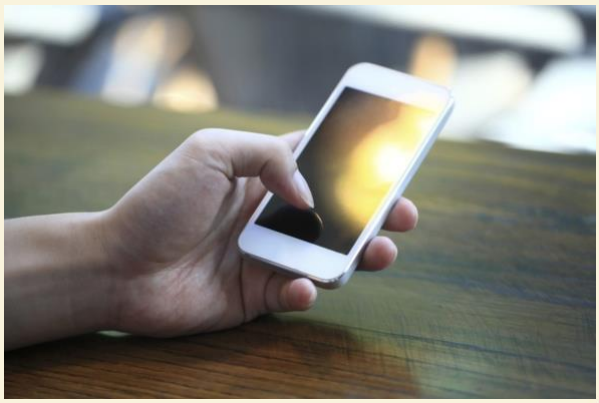
"90% of world's population will have smartphones by 2020 potentially linked to technological health advances." The State of Telehealth, Dorsey & Topol July, 2016



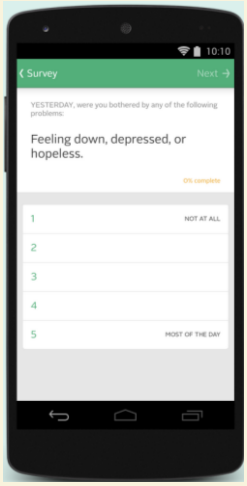
The Benefit of Immediate Alerts

- A requirement to do meaningful work with this population is accurate and current data on ER usage and hospitalizations.

1) A key path to identifying "frequent guests."
2) A tool to change behavior by meeting with the patient:
   - *Within 24 hours of ER visit and*
   - *Before discharge from hospitalization*
3) A primary method for assessing outcomes

Health Monitoring Apps

Ginger.io



- Monitors mood & mental health symptoms through daily surveys
- Monitors behavior data
- Provides Health Tips
- Journaling tool
- Provides visibility to therapist or care coordinator – trends + alerts
- HIPAA-Compliant

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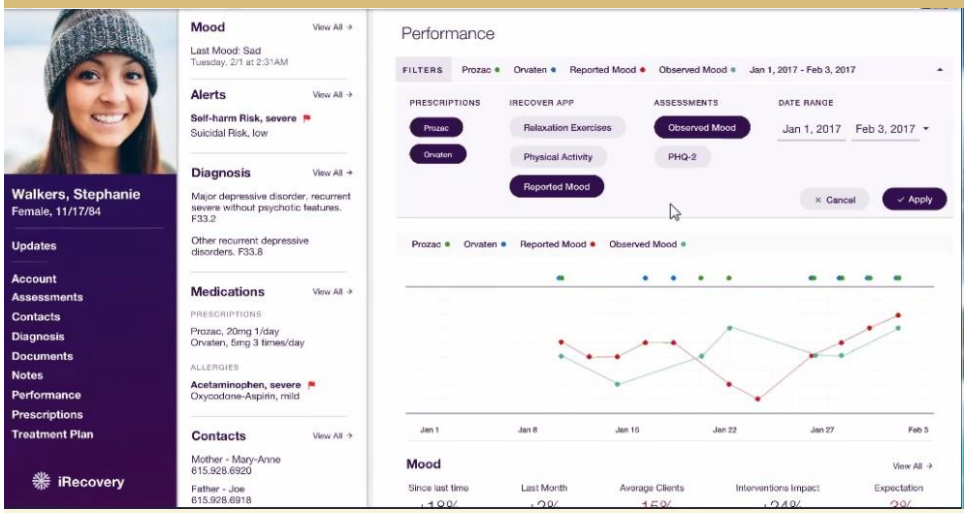

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From our clients' voices

"Laquita"

"I love [the technology]. I use it to help, not just as a phone. Using Hipaachat to talk to [my wellness coach] is amazing. It keeps me on track, it also helps me remember to exercise, and I enter all my food. It also helps if I don't have a computer because I can look stuff up about food, and helping in the house (like how would a chemical react if I'm using it). I looked up how to get rid of cockroaches in my apartment."

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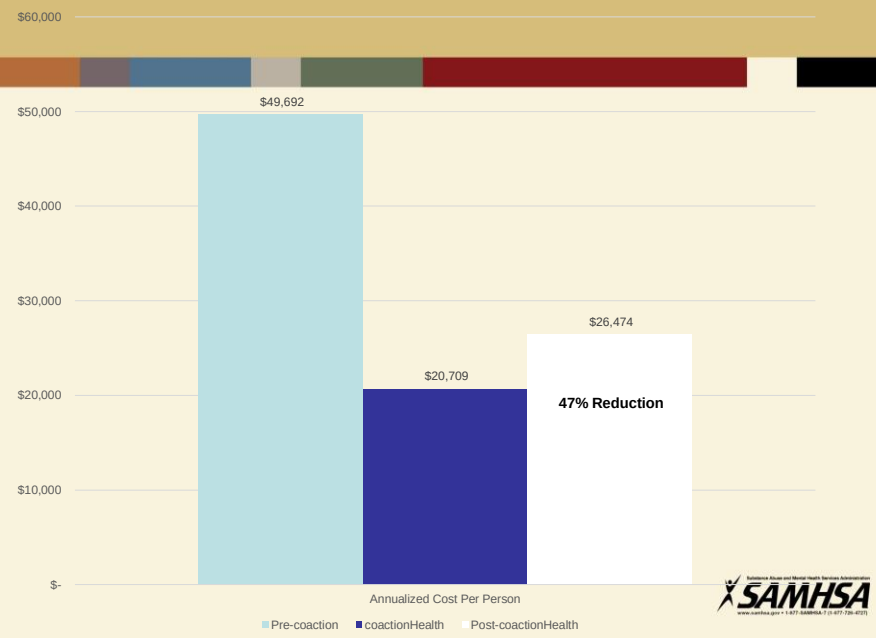
Annualized Cost Per Person Served



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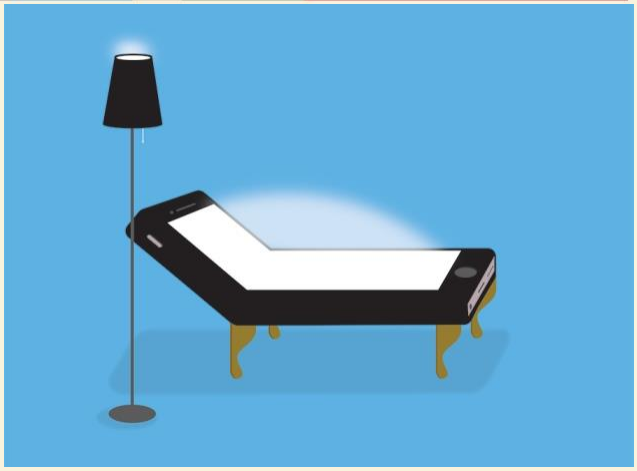
Mobile Healthcare definition: the use of mobile and wireless devices to improve health outcomes, healthcare services and health research.
National Institutes of Health



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From OPEN MINDS . News Report . April 26, 2015

Centerstone's Medicaid 'Super Utilizers' Hospitalization Prevention Program Reduces Hospital Use

Centerstone Research Institute (CRI) announced that coactionHealth, its mobile hospitalization prevention pilot program for Medicaid "super utilizers," had reduced emergency room and hospital use.

One MCO has purchased coactionHealth from us by paying a monthly add-on fee for 6 months per client to cover the cost of the technology, the health bucks and the more intensive helth coaching.

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An American Sickness: How Healthcare Became Big Business and How You Can Take it Back

- by Elisabeth Rosenthal
- "10 Economic Rules of the Dysfunctional Medical Market".
  - *2. A lifetime of treatment is preferable to a cure.*
  - *10. Prices will rise to whatever the market will bear.*
- Rosenthal makes the case that our healthcare system is overly focused on maximizing profit while giving scant attention to value.
- Our job is not only to prepare for value based care but also to advocate for and market value based care.

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Questions?

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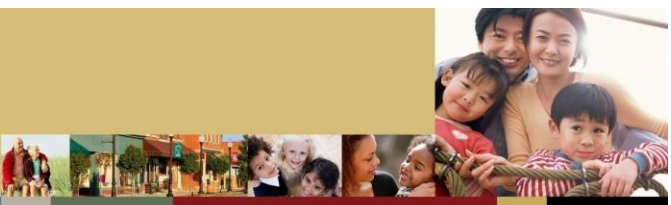

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Thank you!
Please be sure to complete and turn in your evaluation forms.